

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000973

FILED
Apr 09, 2010
Secretary of State

Entity Name: HOUSEHOLD SERVICING, INC.

Current Principal Place of Business:

HSBC FINANCE CORPORATION
ATTN: TAX DEPT, 26252 N RIVERWOODS BLVD
METTAWA, IL 60045 US

New Principal Place of Business:

Current Mailing Address:

HSBC FINANCE CORPORATION
ATTN: TAX DEPT, 26252 N RIVERWOODS BLVD
METTAWA, IL 60045 US

New Mailing Address:

FEI Number: 36-4299813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHISON, PHILLIP D JR
1209 WEST 10TH ST
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: MADISON, K
Address: 26525 N RIVERWOODS BLVD
City-St-Zip: METTAWA, IL 60045

Title: EVP
Name: SESTERHENN, P A
Address: 26525 N RIVERWOODS BLVD
City-St-Zip: METTAWA, IL 60045

Title: VPS
Name: MANCINI, ROSE C
Address: 26525 N RIVERWOODS BLVD
City-St-Zip: METTAWA, IL 60045

Title: VT
Name: KNIPFER, T
Address: 26525 N RIVERWOODS BLVD
City-St-Zip: METTAWA, IL 60045

Title: AS
Name: ANGELO, J M
Address: 26525 N RIVERWOODS BLVD
City-St-Zip: METTAWA, IL 60045

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH M ANGELO

AS

04/09/2010

Electronic Signature of Signing Officer or Director

_____ Date